

Name in Full

Certificate of Death

James Madison Boone
 Died at ^{Town} near Easton ^{County} Talbot-

14 E

MARYLAND

Date 1903 ^{Month} Dec. ^{Day} 12 ^{Age} 73-11-13 ^{Y.} ^{M.} ^{D.} ^{Native of} U.S.A. ^{Occupation} Farming
 Male ^{White} ^{Married} ^{Widow} ^{Divorced}
~~Female~~ ^{Colored} ^{Single} ^{Widower} Number of children living 5-

Husband of

Father's Name

Mother's Maiden Name

93

Cause of ^{Primary} Pneumonia

How long sick 4 days

Death ^{Immediate} Exhaustion + old age~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William H Bridges

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} St Michaels^{County} TalbotDate
of death 1903Month
12Day
16Age
Years 17Months
-Days
-

Sex male

Color or
Race

white

Birth-
place Bozman mdMarried, Single
or Widowed

Single

Occupation

Apprentice Jeweler.

Name of Wife or
HusbandFather's
Name

Jos. F. Bridges

Father's
Birthplace

Bozman md

Mother's
Maiden Name

Debra E. Ball

Mother's
Birthplace

Bozman md

Name of person giving
Information

Julia Bridges

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Typhoid fever

How long

28 days.

Immediate

Asthenia, Parotiditis, septicemia

How long

Ten days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

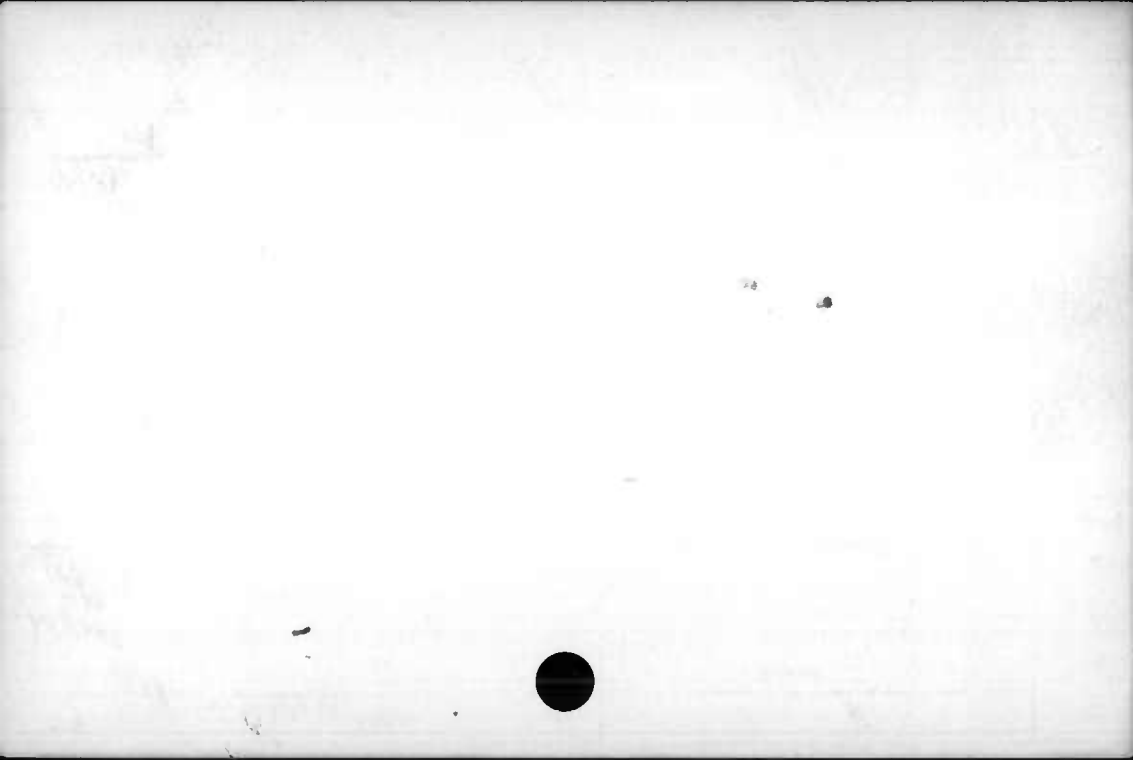
A. B. Glascock

Address

St. Michaels md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emeline Brooks

CERTIFICATE OF DEATH

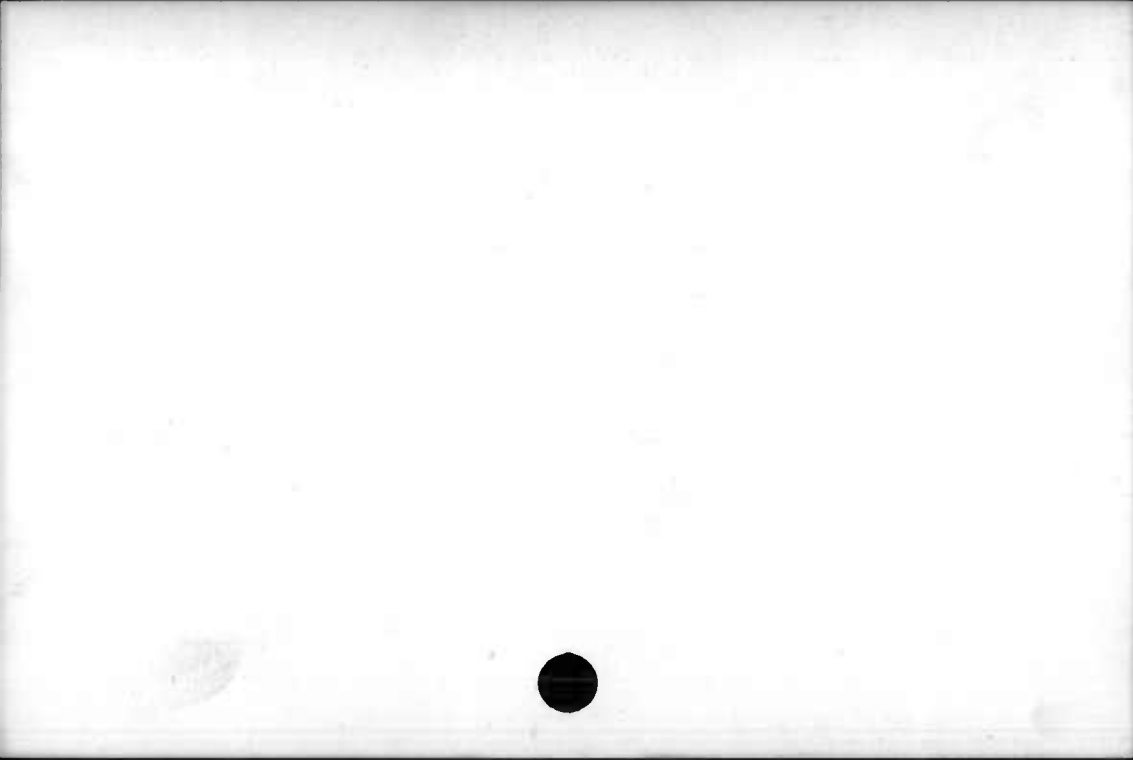
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		Dec	31st	Age 76	—	—	
Sex		Color or Race		Birth-place			
Female		Cotona		Tallm - A. Ind			
Occupation				Where Residing if not at place of death			
Servant -				—			
Married, Single or Widowed		Name of Wife or Husband					
Widowed		George Brooks					
Father's Name		—		Father's Birthplace		—	
Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving Information		George Brooks		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism & heart disease</i>	How long	<i>Six months</i>
Immediate	<i>Paralysis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Julius A. Johnson</i>	
		Address	
		<i>East - Ind</i>	
Accident or Suicide?			



Name
in
Full

Annie Malinda Brown

CERTIFICATE OF DEATH

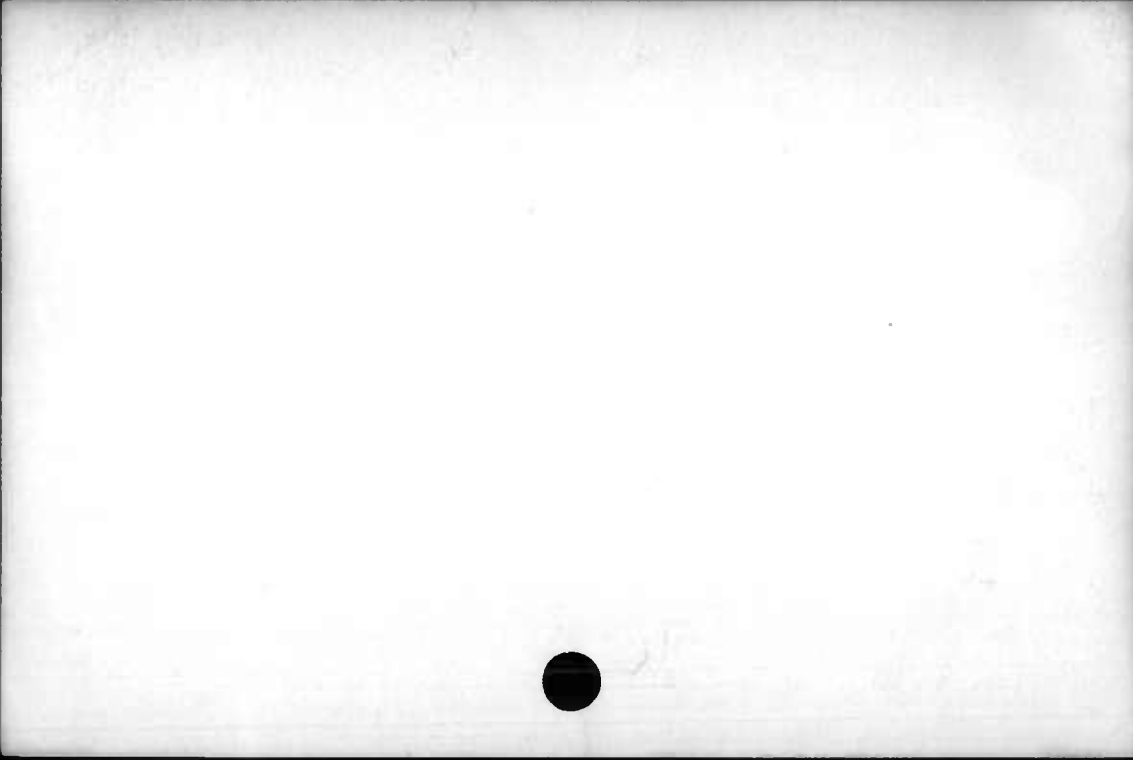
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDaniel</i>		Town <i>Salbo</i>		County		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>21</i>	Years	Age about <i>55</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>McDaniel Md</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>Housework</i>					
Name of Wife or Husband <i>Alfred Brown</i>							
Father's Name <i>Robt Newnam</i>				Father's Birthplace <i>McDaniel Md</i>			
Mother's Maiden Name <i>Julia Newnam</i>				Mother's Birthplace <i>McDaniel Md</i>			
Name of person giving information <i>Julia Newnam</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Yellow Atrophy of Liver & Inflammation of Spleen</i>	How long	<i>8 months</i>
Immediate	<i>Asthenia</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. Glascock</i>	
		Address <i>St. Michael's Md</i>	
Accident or Suicide? <i>—</i>			



Name In Full		Pauline Brown				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cordova ^{Town}		Salmon ^{County}		MARYLAND					
	Date of death	1903	Month	Dec	Day	17	Age	1	Months	16	Days	-
	Sex	Female		Color or Race	Negro		Birth-place	Md				
	Occupation	X				Where Residing if not at place of death		X				
	Married, Single or Widowed	Single		Name of Wife or Husband	X							
	Father's Name							Father's Birthplace				
	Mother's Maiden Name							Mother's Birthplace				
Name of person giving information							How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div>												
PHYSICIAN OR CORONER	Primary	Pneumonia						How long				
	Immediate	Exhaustion						How long				
	Are the name, age, sex, color, date and place correctly given above?	Yes						Signature of Physician	Chas. H. Rose			
								Address	Cordova Md			
Accident or Suicide?												



Name
in
Full

Perline Brown

CERTIFICATE OF DEATH

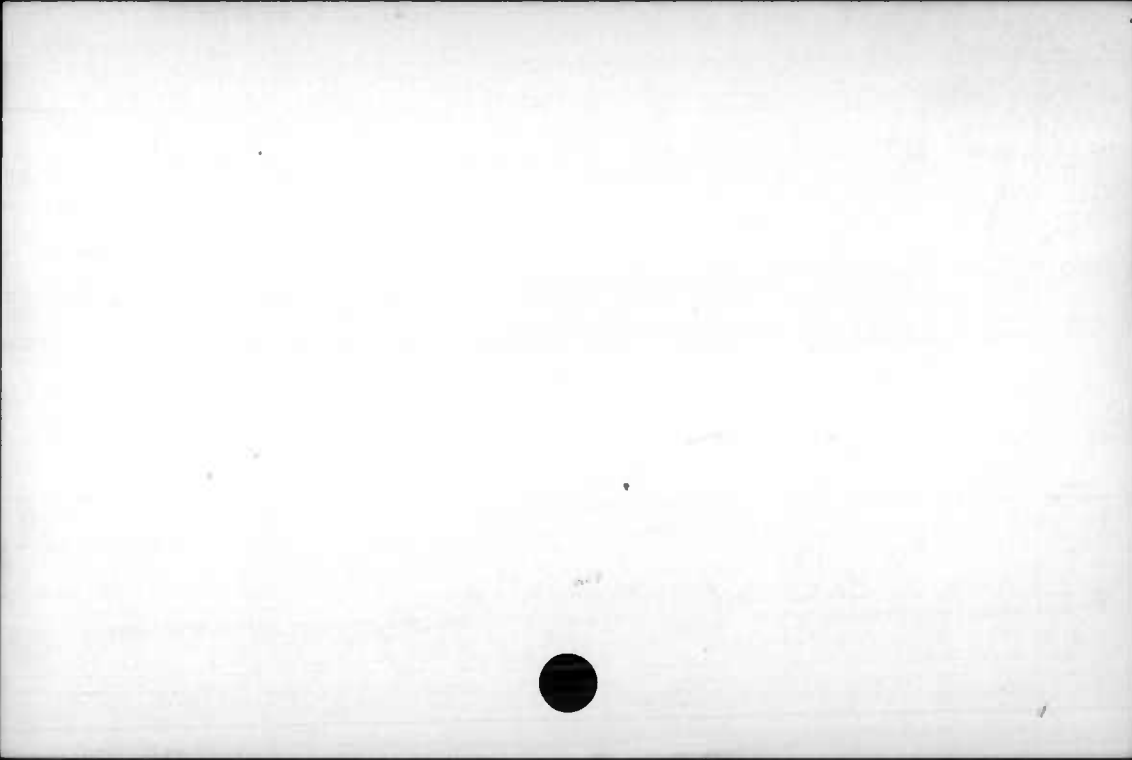
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shipston</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Decem</u>	Day <u>17</u>	Age <u>1</u> Years	Months <u>10</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Talbot</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>X</u>			
Name of Wife or Husband <u>X</u>					
Father's Name <u>Geo. Franklin Brown</u>			Father's Birthplace <u>D. A. Co.</u>		
Mother's Maiden Name <u>Ida Watkins</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving Information <u>Geo. Franklin Brown</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Anasoreca</u>
Immediate <u>Anasoreca</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>They are</u>	Signature of Physician <u>Chas. H. Row</u>
	Address <u>Cordova, Md</u>
Accident or Suicide?	



Name In Full

Certificate of Death

John Tubman Caulk
 Town *St. Michaels* County *Talbot* MARYLAND

Died at *St. Michaels* *Talbot* MARYLAND

Date	1903	Month	Day	Y.	M.	D.	Native of	Occupation
		<i>Dec.</i>	<i>15</i>				<i>Maryland</i>	<i>Oysterman</i>
		Male	White	Married	Widow	Divorced		
		Female	Colored	Single	Widower		Number of children living	<i>Five</i>

Husband of *Mr. B. Donoppher*

Father's Name *Mr. Caulk* Mother's Maiden Name

Cause of	Primary	How long sick
	<i>Softening of Brain</i>	<i>Several yrs.</i>
Death	Immediate	Accident, Suicide, Homicide

Reported by *R. A. Dodson St. Michaels, Md*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary A. Cooper

Town

County

Died at

Briecville

Talbot

MARYLAND

Date 1903

Month

Day

Dec. 6

Y.

M.

D.

Age

68

Native of

Md.

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

Wife

Father's

Name

Wm. M. Price

Mother's

Maiden Name

Amelia McClayland

Cause of

Primary

Cancer of Breast

How long sick

about a year.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Ans. S. Chaplain, M.D.

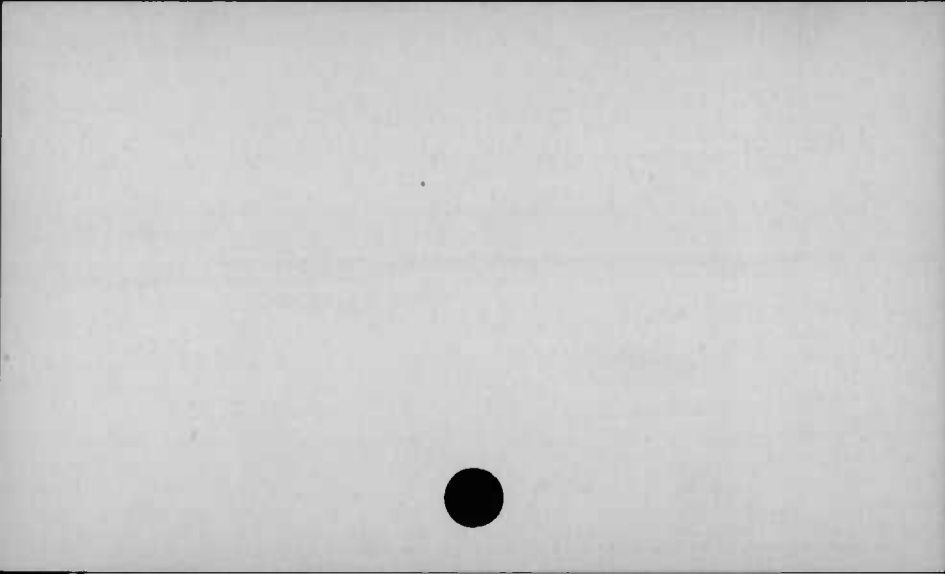
Address

Trappe, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Annie - Dieffenbacher* #30
 Died at *St. Michaels* Town *Tulbot* County *MARYLAND*
 Date 1903 *12* Month *26* Day *Y. M. D.* Age *one month* Native of *Maryland - Dieffenbacher* Occupation
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ *Colored* *Single* ~~Widower~~ Number of children living
 Husband of *Dieffenbacher*
 Wife
 Father's Name *Geo. M. Dieffenbacher* Mother's Name *Pura Bachman*
 Cause of Death { Primary *Inflammation of Bowels* Immediate *Heart Failure* How long sick *2 weeks*
 { *Heart Failure* Accident, Suicide, Homicide
 Reported by *J. C. Davis M.D.*
 Address *St. Michaels*
Dec 26 - 1903
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *md*



Name
in
Full

George. Clementson Graham.

CERTIFICATE OF DEATH

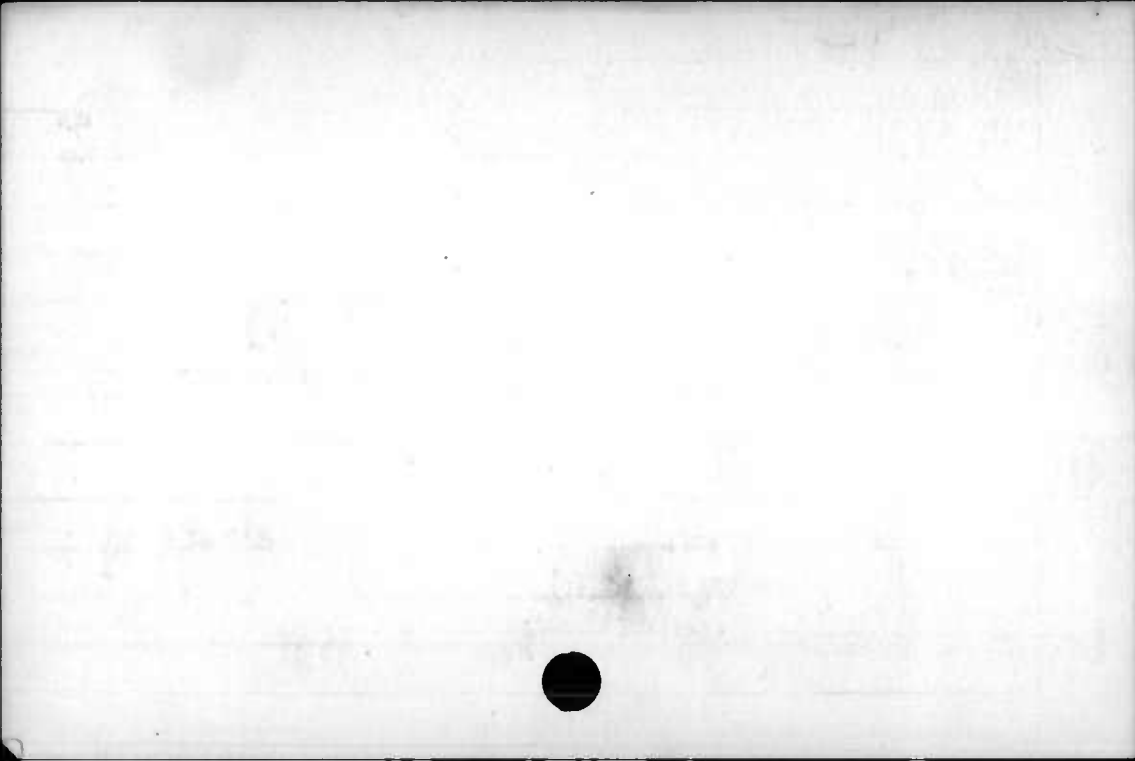
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Trippe</i>		County <i>Falbot.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>21</i>	Age <i>81</i>	Months <i>6</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Falbot Co, Md</i>		
Married, Single or Widowed <i>Married.</i>		Occupation <i>Farmer</i>			
Name of Wife <i>Matilda Benson</i>					
Father's Name <i>Alexander Graham.</i>			Father's Birthplace <i>Falbot Co Md</i>		
Mother's Maiden Name <i>Sarah Clementson</i>			Mother's Birthplace <i>Falbot Co, Md</i>		
Name of person giving information <i>Alexander Benson Graham</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis.</i>	How long <i>5 or 6 years -</i>
Immediate <i>Apoplexy (2d attack)</i>	How long <i>Two minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A Rose Md</i>
<i>Yes</i>	Address <i>Trippe, Falbot Co, Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Edward Mortimer Hardcastle

Town

County

Died at

Easton

Talbot

MARYLAND

Date 19

03

Month

DEC

Day

27

Age

Y.

M.

D.

84-4-29

Native of

U.S.A

Occupation

Physician

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Ann Eliza Young Hardcastle

Father's

Name

William M Hardcastle

Mother's

Maiden Name

Anna Calston

Cause of

Primary

Nuclear Regurgitation, Grippe

How long sick

2 wks.

Death

Immediate

Pneumonia - Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson M.D.

Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Dec

5

Age

15

5

23

Sex

Female

Color or
Race

White

Birth-
place

Trappe Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Ernest B Merrick

Father's
Birthplace

Trappe

Mother's
Maiden Name

Emma B Haddaway

Mother's
Birthplace

Trappe

Name of person giving
In formation

E B Merrick

How related
to deceased

Father

CAUSES OF DEATH

Primary

Diphtheria

How long

Four days

Immediate

Paralysis of heart

How long

His own

Are the name, age, sex, color, date
and place correctly given above?

yes

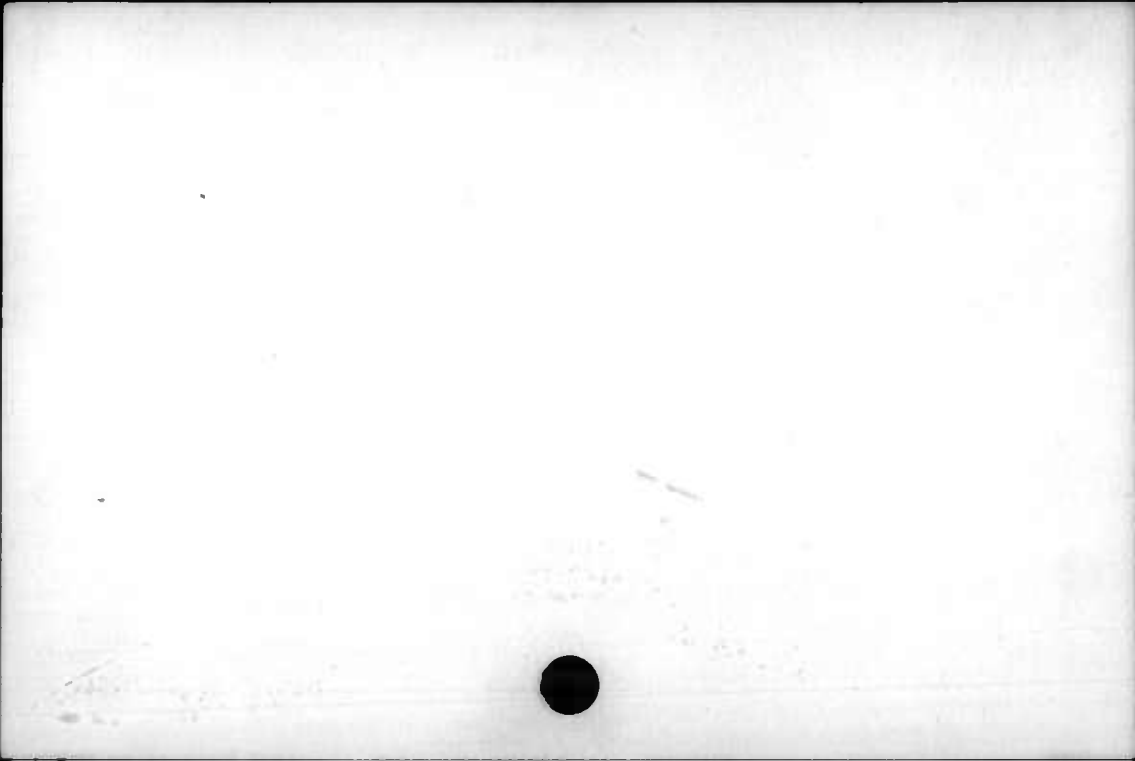
Signature of
Physician

Address

J. H. Stevens

Arford Md

Accident or Suicide?



Name In Full

Certificate of Death

Mary Nichols

Died at ^{Town} Hillsboro ^{County} Salbot

MARYLAND

Date 1903 ^{Month} Dec ^{Day} 6 ^{Y.} ^{M.} ^{D.} Age 75 ^{Native of} Maryland ^{Occupation} Housewife~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

3

Husband of George Nichols

Wife Father's Name Pinkney

Mother's

Maiden Name

Emeline Hicks

Cause of Death { Primary Principally Old age

How long sick

1 year

Death { Immediate No Physician in attendance

Accident, Suicide, Homicide

Reported by Luther Jones

Address Hillsboro Md

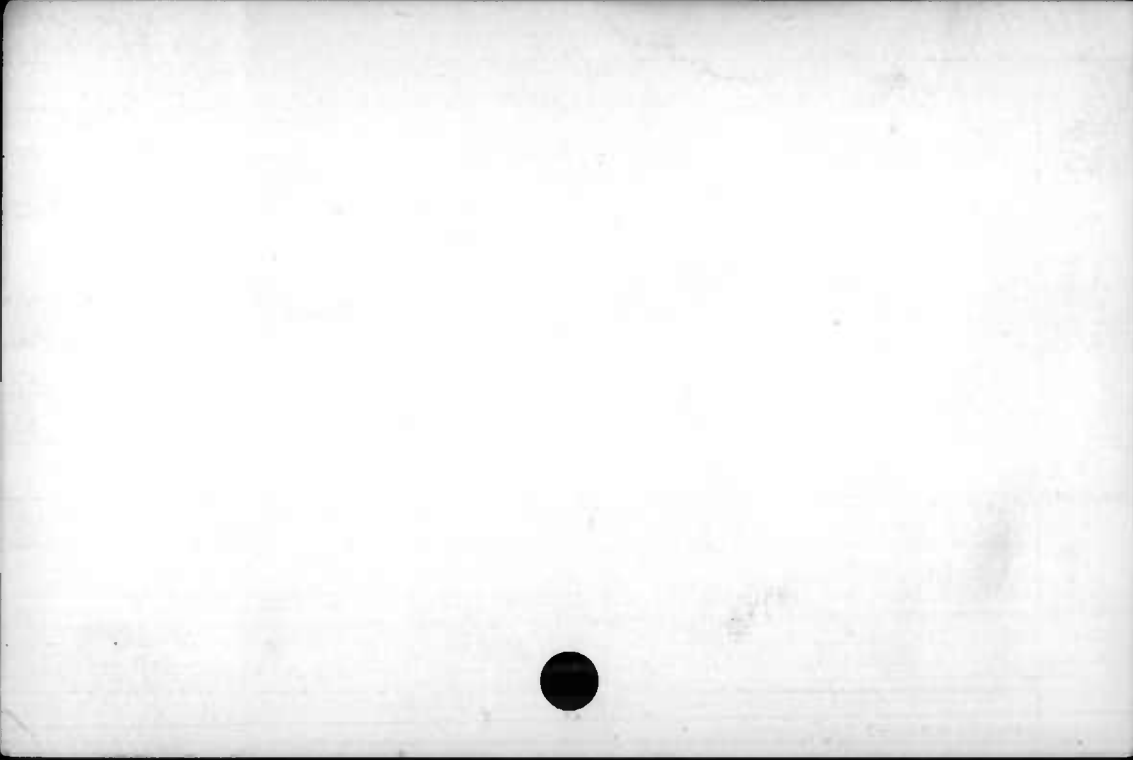
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full		Antonia Payne				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>St. Michaels</i>		Town <i>Salbot</i>		County		MARYLAND
	Date of death 190 <i>8</i>		Month <i>12</i>	Day	Age <i>13</i>	Years	
	Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>St. Michaels Md</i>		
	Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>				
	Name of Wife or Husband <i>-</i>						
	Father's Name <i>Anthony Payne</i>				Father's Birthplace <i>Zilghman Md</i>		
	Mother's Maiden Name <i>Leamy Bently</i>				Mother's Birthplace <i>Zilghman Md</i>		
Name of person giving information <i>Ella Payne</i>				How related to deceased <i>Sister</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Remittent fever</i>				How long <i>2 or 3 days</i>		
	Immediate <i>Convulsions</i>				How long <i>12 hours.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>A. B. Lascock</i>		
					Address <i>St. Michaels Md</i>		
Accident or Suicide? <i>-</i>							



Name
in
Full

James A Roe

CERTIFICATE OF DEATH

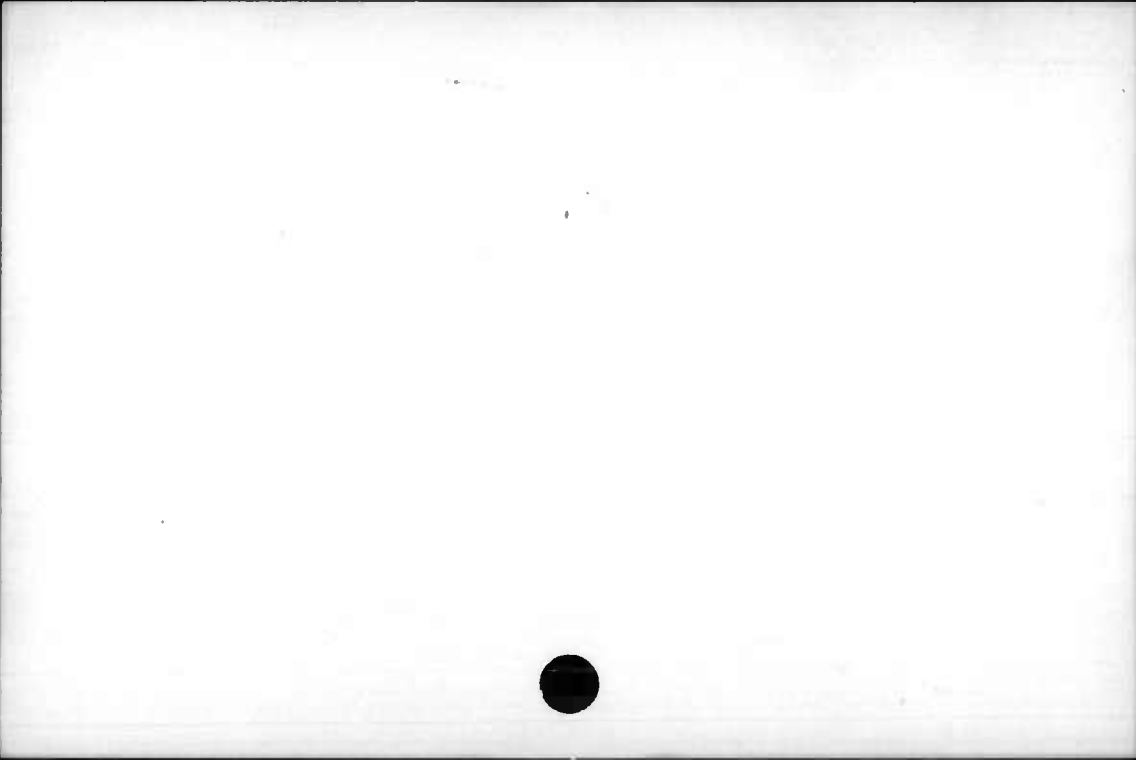
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mon Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>18th</i>	Age <i>77</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co. Md</i>		
Occupation <i>Farm</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. Helen Roe</i>			
Father's Name <i>Ed. Roe</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>J. A Roe Jr</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Four months</i>
Immediate <i>Exhaustion</i>	How long <i>about a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Julius A Johnson</i>
	Address <i>Easton Md</i>
Accident or Suicide?	



Name
in
Full

Sipio Skinner

CERTIFICATE OF DEATH

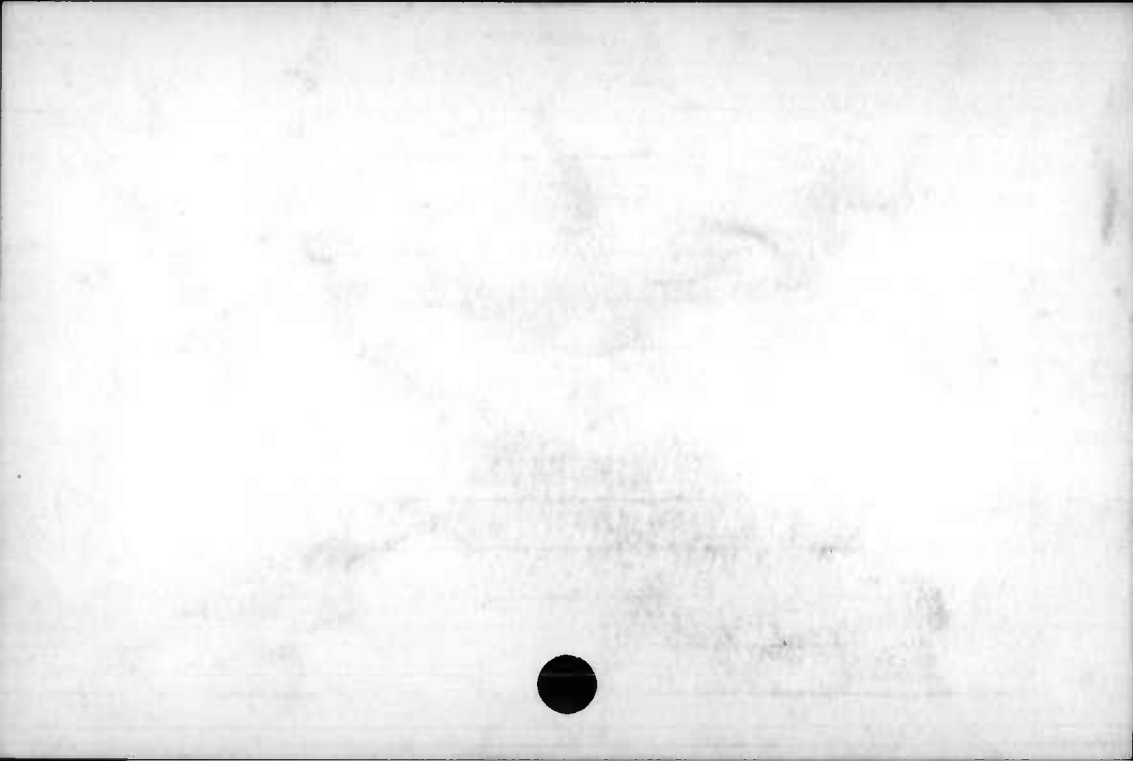
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oxford</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Dec</u> ^{Month}	<u>10</u> ^{Day}	Age <u>64</u> ^{Years}	<u>Don't know</u> ^{Months}	<u>Don't know</u> ^{Days}
Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>Maryland</u>	
Married, Single <u>Married</u> or Widowed		Occupation <u>Laborer</u>			
Name of Wife or Husband <u>Sarah Skinner</u>					
Father's Name <u>Sipio Skinner</u>				Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Sarah Lawrence</u>				Mother's Birthplace <u>Maryland</u>	
Name of person giving information <u>Alfred Skinner</u>				How related to deceased <u>Ace</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Endocarditis</u>	How long <u>Two Years</u>
Immediate <u>Cardiac Asthma</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Andrew P. Roberts</u>
	Address <u>Oxford Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Charlotte Warner

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mc Daniel

County

Talbot

MARYLAND

Date

of death 1900

Month

8

Day

6

Age

Years

44

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Talbot Co

Occupation

Cook

Where Residing If not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Lloyd Warner

Father's
Name

do not know

Father's
Birthplace

do not know

Mother's
Maiden Name

Lorisa Warner

Mother's
Birthplace

Talbot Co

Name of person giving
Information

Lloyd Warner

How related
to deceased

Husband

CAUSES OF DEATH

Primary

diabetes

How long

do not know

Immediate

Consumption

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Abr. J. B. Smith

Address

St. Michaels
Ind

Accident or Suicide?

PHYSICIAN
OR CORONER

12



Name
in
Full

Edith Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>2</i>	Age Years <i>23</i>	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Easton</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House Labor</i>			
Name of Wife or Husband					
Father's Name <i>James Wells</i>			Father's Birthplace <i>Talbot County</i>		
Mother's Maiden Name <i>Ellen Grant</i>			Mother's Birthplace <i>Lussum Co</i>		
Name of person giving information <i>Mary Winchester</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Hancock</i>
<i>No physicians</i>	Address <i>Sub Registrar</i>
Accident or Suicide?	<i>Easton</i>

